

# NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN

19 Campus Boulevard • Suite 200 • Newtown Square, PA 19073-3288  
800-523-4702 • [www.neibenefits.org](http://www.neibenefits.org)

## Extended Benefit or COBRA Credit Card Payment Information

### Personal Information

Member  
Name:

*Last*

*First*

*M.I.*

Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Home  
Phone:

(      )

Alternate Phone: (      )

E-mail Address:

ID Number:

Birth Date:

### Payment Information

I authorize the National Elevator Industry Health Benefit Plan to charge my credit card on the nineteenth of each month for the applicable Extended Benefit or COBRA coverage premium.

*Name on Card*

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

**Card Type:**  Visa®

MasterCard®

*Card Number*

*Exp. Date*

*Security Code (3 digits)*

*Signed*

*Date*

**You may mail your completed form to the address on the above letterhead  
or fax it to the Eligibility Unit at (610)325-9028.**